

**PROJECT NAME & LOGOS**

**CHECK LIST FOR:**

**Addressable Fire alarm & Voice evacuation system Testing & commissioning  
(Testing & Commissioning Report)**

**Form No:**

**Rev. No : 0**

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**SUBCONTRACTOR**

**CONTRACTOR**

**SECTION OF WORK:** Electrical

**LOCATION:**

**LEVEL:**

**WIR No.:**

**System : Addressable Fire Alarm & Voice Evacuation System**  
**Project :**  
**System Supplier :**

Testing and Commissioning will be done using the Tools Kit with Screw driver, Cutter, Calibrated Multi meter, DB Meter and True start tool etc

Sr. No.	Item	Remarks
1	Type of Fire Alarm Control Panel	
2	FACP Location	
3	Number of ID Net loop	
4	Number of NAC Circuits	
5	Type of Cable	
6	Termination of Cables	
<b>TESTING</b>		
1	Response of Smoke Detector Test	
2	Response of Heat Detector Test	
3	Response of Break Glass Test	
<b>FUNCTIONAL TEST</b>		
1	Function of LEDs	
2	Function of Panel Buzzer	
3	Open Circuit Status	
4	Addressable Device Fault status	
5	240 V AC Mains failure status	
6	Battery Disconnected status	
7	Function of interfaces	
8	Function of Speakers	
9	Reporting field faults	
10	System is Normal	
11	Function of Repeater panel	

For S/C QA/QC: Date:	FOR CONTRACTOR QA/QC: Date:	For Consultant Rep.: Date:
Name: Sign:	Name: Sign:	Name: Sign: